

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Board of Supervisors	(2) MEETING DATE 12/4/2012	(3) CONTACT/PHONE Amber Wilson 781-5450	
(4) SUBJECT Submittal of Supervisor's expense report on meetings attended pursuant to Government Code section 53232.3(d).			
(5) RECOMMENDED ACTION It is recommended that the Board of Supervisors receive and file the attached report(s).			
(6) FUNDING SOURCE(S) Within budget	(7) CURRENT YEAR FINANCIAL IMPACT \$206.46	(8) ANNUAL FINANCIAL IMPACT N/A	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT { x } Consent { } Presentation { } Hearing (Time Est. _____) { } Board Business (Time Est. _____)			
(11) EXECUTED DOCUMENTS { } Resolutions { } Contracts { } Ordinances { x } N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5th's Vote Required { x } N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY { x } N/A Date _____	
(17) ADMINISTRATIVE OFFICE REVIEW			
(18) SUPERVISOR DISTRICT(S) District 2 -			